

PLEASE KEEP A COPY FOR YOUR RECORDS

State Combined Campaign Pledge Card

For Payroll Department Use Only

<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____			SCC Manager Use Only
Dept./ Agency	Facility or Division	Regional Office Location	County Office Location
Name (Last) _____ (First) _____ (MI) _____		Daytime Phone _____	
Email Address _____		Employee ID Number (for payroll deduction only) _____	

I am giving a:

- Platinum Society Gift (\$1,000 +)
- Gold Society Gift (\$500 - \$999)
- Silver Society Gift (\$250 - \$499)
- Bronze Society Gift (\$100 - \$249)
- Other SCC Gift (< \$100)

I want to give by:

- Cash/Check: \$ _____
(make checks payable to State Combined Campaign)
- Credit Card: \$ _____
Transaction ID: _____
(Give online at www.statecombinedcampaign.org/creditcard.
Transaction ID will be sent via email.)
- PAYROLL DEDUCTION: \$ _____
\$ _____ X _____ months
(min \$1/1 deduction per month)

Signature (authorizing payroll deduction) _____

To designate, please list agency code and annual amount below:

6-Digit SCC Agency Code						Annual Amount
						\$
						\$
						\$
						\$
						\$

- DO NOT** want my name released to the charities I have designated.
- DO** want my name released to the charities for acknowledgement of my gift. I have designated a minimum of \$25 to each charity. (Please print below)

Email or _____
Home _____
Address: _____

Thank you for your support!

STATE COMBINED CAMPAIGN MANAGER COPY